my home State of Georgia, we don't have a significant threat from fire in our forests because we receive adequate moisture throughout the year. According to the Georgia Forestry Commission, my State experiences approximately 8 thousand fires each year damaging or destroying approximately 38,000 acres of forestland.

However with 24.6 million acres of forestland in the State of Georgia, which is nearly two-thirds of my home State, major outbreaks of disease caused by pathogens and insects such as the southern pine beetle pose a significant threat to forests in the South. In 2002 alone, damage caused by the southern pine beetle totaled over $150 million.

The forest community has waited long enough for comprehensive forest management legislation. It is time for the Senate to pass this legislation so that Americans have the tools to manage our Nation's forests—by putting out fires and by reducing disease and insect pressure. This act will help our Nation's forest to flourish for generations to come.

GIVE US A VOTE, PART II

Mr. CRAIG. Mr. President, as a Senator frustrated by this situation, I rise today to respond to comments made by my colleague from New Mexico, Mr. BINGAMAN, regarding the Healthy Forest Restoration Act, H.R. 1904. As he chose to address the entire Senate, I too am following his lead in addressing the entire Senate. I appreciate Mr. BINGAMAN's attention to this issue and look forward to future discussions with him on this issue.

However, I am perplexed and troubled by some of my colleague's statements and feel it is important to include some additional information for the RECORD.

First, on June 26, the Agriculture Committee held a hearing on H.R. 1904 and many of our colleagues, including myself, took the time to attend the hearing, listen to the testimony, and participate in the discussions. Mr. BINGAMAN could have done the same, but chose not to.

In the Energy and Natural Resources Committee, we then held a hearing on July 22. The purpose of this hearing was to examine the impacts of fires, insects and disease on forest lands. And we looked at processes for implementing hazardous fuels reduction projects more expeditiously.

The committee also considered S. 1314, the Collaborative Forest Health Act, Mr. BINGAMAN's bill; H.R. 1904 the Healthy Forest Restoration Act; as well as other related legislation that addresses these issues.

During that hearing, Senator BINGAMAN hardly even mentioned his bill and had very few questions about H.R. 1904.

In Mr. BINGAMAN's statement to the Senate, he brought up having concerns about many of the issues covered at the hearing. If he had so many questions, I have to wonder why he waited until now to ask them?

Two Senators who did engage at the hearing, Senator WYDEN and Senator FEINSTEIN, asked probing questions that helped the bipartisan group, hosted by Mr. COCHRAN, find a commonsense solution.

Second, Mr. BINGAMAN's staff was invited to the table, at the point discussions of the major issues began in earnest and were never excluded from being a part of the discussions that developed the compromise amendment. In fact, his staff attended several of the negotiations sessions, but chose to stop being a part of the discussions.

At that time in the discussions, all the major issues related to Title I—old growth, judicial review, large tree retention—were still in flux and any contributions they would have made could have been a fruitful part of the discussion. But, again, they chose not to participate.

In addition, his staff attended the all-staff briefing once the compromise amendment was agreed to by the bipartisan group of Senators participating in the discussions and Mr. BINGAMAN's staff was very active in that briefing. And it is my understanding that they asked many of the questions and received answers for the issues Mr. BINGAMAN now is questioning.

It is one thing to disagree about the approach we have taken and offer amendments to modify that approach and another to foster needless delay.

If any of my colleagues would like a personal briefing on the compromise amendment, and the process in which it was developed, I am certain that the cosponsors of this amendment would join me in sitting down with anyone who would like to be a part of this discussion.

While Senator BINGAMAN has supported active management and wants to be a part of the solution, it would appear that he is taking a play out of the environmentalist's handbook and is delaying the process through stalling, such as asking for a hearing on the amendment.

I believe the Senate should not get into the habit of holding hearings on amendments because a Senator chose not to participate in the process.

Again, this is a move the radical environmental community uses time and time again to prevent hazardous fuel reduction projects from going forward. In the vernacular of forest appeals, Mr. BINGAMAN has stayed involved just enough to meet the standing requirements, he has held his water till the appeal period is just about over and now he is launching his appeal.

The question now is, what now? The environmental community usually files a lawsuit when they don't see the results they wanted. Will Senator BINGAMAN try to filibuster this important legislation? Or will he step forward to offer amendments to make the modifications he believes need to be made.

There have been two unanimous consent requests offered that included the opportunity to offer amendments on the very issues that the Senator brought up today. Yet he has objected both times. A third unanimous consent request that is even more broad was offered this morning.

It is time to move on and proceed to a debate on the floor of the Senate. This is important legislation that needs to be signed into law so that we can start to address the hazardous fuels problems that are threatening our communities.

This legislation will result in a more public, expedited, process for moving hazardous fuels projects through the NEPA process.

It provides for the development of a new and improved predecisional protest process for projects authorized under this bill. The new process will replace the highly contentious, time consuming, appeals process that currently delays many forest health projects.

It directs that all preliminary injunctions be reviewed every 60 days, with the opportunity for the parties to update the judges on changes in conditions so the court may respond to those changes if needed, something that Senators WYDEN and FEINSTEIN desired.

Finally, it reminds the courts that when weighing the equities that they should balance the impact to the ecosystem of the short and long-term effects of undertaking the project against the short and long-term effects of not undertaking the project. I am sure there are communities in New Mexico that would welcome this balancing of the harms.

It is time for the Senate to take action on this issue. I ask my colleagues to join me in bringing this legislation up for consideration.

Mr. HARKIN. Mr. President, I am pleased to congratulate Catherine Bertini, former Executive Director of the United Nations World Food Program, for her selection as recipient of the 2003 World Food Prize, presented in a ceremony in Des Moines, IA on October 16.

Ms. Bertini has worked long and hard and with innovation and creativity to rid the world of the scourge of hunger. For her efforts this recognition is richly deserved. As the leader of the World Food Program between 1992 and 2002, Ms. Bertini directed programs responsible for addressing hunger around the world, providing assistance to an estimated 700 million people during that period. Because of her dedication and leadership, millions are alive today whose need for assistance would otherwise have been ignored.

Catherine Bertini is the twenty-first recipient of the World Food Prize, and the second civil servant so honored. During her tenure at the World Food Program, or WFP, Ms. Bertini reorganized the agency and improved its logistical capacity, while focusing attention on delivering food aid through women in the developing world, and thereby nourishing women and girls

both in nutrition and education. As she wrote in the Des Moines Register, ''The key to ending hunger may lie in a little girl's hands. In her left, she holds a bowl of rice; in her right, her school books.'' I strongly support these goals, and share Ms. Bertini's desire to fund fully for fiscal 2004 the McGovern-Dole Food for Education and Child Nutrition Program, which we included in the 2002 farm bill.

Even as we celebrate her achievements, Catherine Bertini is focused on the challenges that lie ahead. She may have left her position at the WFP, but her long-time work to defeat global hunger and poverty continues. Only a few months after her departure from the WFP, she was asked by UN Secretary General Kofi Annan to work for him in New York, as Under Secretary General for Management. Prior to her selection as WFP Executive Director, Ms. Bertini served as Assistant Secretary of Agriculture for Food and Consumer Services in the first Bush Administration.

Ms. Bertini exemplifies the best ideals of public service and reminds us that our fundamental work is not to leave the world as we found it, but as we know it should be—free of deprivation, devoid of want and with equal opportunity for all regardless of who they are or where they are. For her efforts, I salute Ms. Bertini and her dedication to the cause of helping the needy around the world.

The World Food Prize was established in 1986 to provide international recognition for individuals who have made vital contributions to ''improving the quality, quantity, or availability of food throughout the world.'' The World Food Prize embodies the vision of Dr. Norman E. Borlaug, an Iowa native who received the 1970 Nobel Peace Prize for his development of dwarf wheat. Through the adoption of dwarf wheat varieties in the 1960's, developing countries doubled their wheat yields in what became known as the Green Revolution. Dr. Borlaug's achievements and devotion to eliminating world hunger exemplify the ideals honored by the World Food Prize.

Within a few years after the World Food Prize was created, it lost critical sponsorship and its future was in serious doubt. In short, the Prize badly needed a committed benefactor. Iowa businessman and philanthropist John Ruan stepped forward to provide critical funding and to establish a headquarters for the World Food Prize in Des Moines, IA. Under Mr. Ruan's stewardship, and with the leadership of its president, Ambassador Kenneth M. Quinn, the Prize now rests on a solid foundation. The annual awarding of the Prize serves as the anchor to a two-day international symposium and many other activities in support of defeating world famine and hunger.

It is a sobering reality that the world is still plagued with staggering levels of hunger and poverty. The World Food Prize heightens awareness of that reality, but it also inspires hope by recognizing that progress has been made and that much more can be done. Dr. Borlaug and Ms. Bertini, along with previous World Food Prize laureates, serve as examples to inspire and motivate us all to commit ourselves wholeheartedly to ending global hunger and poverty as rapidly as possible.

PARTIAL BIRTH ABORTION BAN ACT OF 2003

Mr. SANTORUM. Mr. President, I ask unanimous consent that these documents related to the Partial Birth Abortion Ban Act of 2003 be made a part of the permanent RECORD for October 21, 2003.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MARCH 12, 2003.

Senator RICK SANTORUM,
U.S. Senate Office Building,
Washington, DC.

DEAR SENATOR SANTORUM: I have read the letter from Dr. Philip Darney addressed to Senator Feinstein regarding the intact D&E (often referred to as ''intact D&X'' in medical terminology) procedure (partial-birth abortion) and its use in his experience.

As a board certified practicing Obstetrician/Gynecologist and Maternal-Fetal Medicine sub-specialist I have had much opportunity to deal with patients in similar situations to the patients in the anecdotes he has supplied.

In neither of the type of cases described by Dr. Darney, nor in any other that I can imagine, would an intact D&X procedure be medically necessary, nor is there any medical evidence that I am aware of to demonstrate, or even suggest, that an intact D&X is ever a safer mode of delivery for the mother than other available options.

In the first case discussed by Dr. Darney a standard D&E could have been performed without resorting to the techniques encompassed by the intact D&X procedure.

In the second case referred to it should be made clear that there is no evidence that terminating a pregnancy with placenta previa and suspected placenta accreta at 22 weeks of gestation will necessarily result in less significant blood loss or less risk to the mother than her carrying later in the pregnancy and delivering by cesarean section. There is a significant risk of maternal need for a blood transfusion, or even a hysterectomy, with either management. The good outcome described by Dr. Darney can be accomplished at a near term delivery in this kind of patient, and I have had similar cases that ended happily with a healthy mother and baby. Further a standard D&E procedure could have been performed in the manner described if termination of the pregnancy at 22 weeks was desired.

I again reiterate, and reinforce the statement made by the American Medical Association at an earlier date, that an intact D&X procedure is never medically necessary, that there always is another procedure available, and there is no data that an intact D&X provides any safety advantage whatsoever to the mother.

Sincerely,
NATHAN HOELDTKE, MD, FACOG,
Med. Dir., Maternal-Fetal Medicine,
Tripler Medical Center, Honolulu, HI.

REDMOND, WA,
March 12, 2003.

Hon. RICK SANTORUM,
U.S. Senate Office Building,
Washington, DC.

DEAR SENATOR SANTORUM: The purpose of this letter is to counter the letter of Dr. Philip Darney, M.D. to Senator Diane Feinstein and to refute claims of a need for an exemption based on the health of the mother in the bill to restrict ''partial birth abortion.''

I am board certified in Maternal-Fetal Medicine as well as Obstetrics and Gynecology and have over 20 years of experience, 17 of which have been in maternal-fetal medicine. Those of us in maternal-fetal medicine are asked to provide care for complicated, high-risk pregnancies and often take care of women with medical complications and/or fetal abnormalities.

The procedure under discussion (D&X, or intact dilation and extraction) is similar to a destructive vaginal delivery. Historically such were performed due to the risk of caesarean delivery (also called hysterotomy) prior to the availability of safe anesthetic, antiseptic and antibiotic measures and frequently on a presumably dead baby. Modern medicine has progressed and now provides better medical and surgical options for the obstetrical patient.

The presence of placenta previa (placenta covering the opening of the cervix) in the two cases cited by Dr. Darney placed those mothers at extremely high risk for catastrophic life-threatening hemorrhage with any attempt at vaginal delivery. Bleeding from placenta previa is primarily maternal, not fetal. The physicians are lucky that their interventions in both these cases resulted in living healthy women. I do not agree that D&X was a necessary option. In fact, a bad outcome would have been indefensible in court. A hysterotomy (cesarean delivery) under controlled non-emergent circumstances with modern anesthesia care would be more certain to avoid disaster when placenta previa occurs in the latter second trimester.

Lastly, but most importantly, there is no excuse for performing the D&X procedure on living fetal patients. Given the time that these physicians spent preparing for their procedures, there is no reason not to have performed a lethal fetal injection which is quickly and easily performed under ultrasound guidance, similar to amniocentesis, and carries minimal maternal risk.

I understand the desire of physicians to keep all therapeutic surgical options open, particularly in life-threatening emergencies. We prefer to discuss the alternatives with our patients and jointly with them develop a plan of care, individualizing techniques, and referring them as necessary to those who will serve the patient with the most skill. Nonetheless I know of no circumstance in my experience and know of no colleague who will state that it is necessary to perform a destructive procedure on a living second trimester fetus when the alternative of intrauterine feticide by injection is available.

Obviously none of this is pleasant. Senator Santorum, I encourage you strongly to work for passage of the bill limiting this barbaric medical procedure, performance of D&X on living fetuses.

Sincerely,
SUSAN E. RUTHERFORD, M.D.,
Fellow, American College of
Obstetricians and Gynecologists.